



**State of Rhode Island
Department of State - Business Services Division**

S17 117

Annual Report for the year: 2024
Non-Profit Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000030148	2. Exact name of the Corporation Saint John's Encampment, Number one, of Knights Templar
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Masonic Organization
4. NAICS Code 813990	

6. Principal Office Address 400 Meshanticut Valley Parkway #9	City Cranston	State RI	Zip 02920
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Fish			Vice-President Name Kenneth Angily		
Street Address 53 Rutherglen Ave.			Street Address 97 Hamilton Ave.		
City Providence	State RI	Zip 02907	City Warwick	State RI	Zip 02888
Secretary Name Steven Reali			Treasurer Name Roy F. Pruett		
Street Address 106 Macklin St.			Street Address 7 Grace Ave, Unit 69		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Palmer			Director Name Kenneth Poyton		
Street Address 7979 Post Road			Street Address 400 Meshanticut Valley Pkwy #9		
City N. Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02920
Director Name Paul Liese			Director Name		
Street Address 105 Driver Lane			Street Address		
City S. Kingstown	State RI	Zip 02879	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Kenneth J. Poyton, Assistant Secretary	Date 3/4/24
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Signature of Officer/Authorized Representative

MAR - 8 2024

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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